

AUTOMOBILE PROOF OF LOSS

This form is provided to comply with the Insurance Act,
Where required, and without prejudice to the liability of the Insurer.

CLAIM NO

AGENT/BROKER

INSURERunder Policy No.

INSURED
Name Address

under Policy No.in force until

against loss or damage to the vehicle described below which is licensed in the name of and owned by the Insured, according to the provisions of the policy.

Year, Make, Model

Serial No. License Plate No. & Province

Purchased on from for \$

The loss or damage occurred on the day of, 20, about the hour of o'clock, M

at

caused by

Police at were notified on the day of 20

During the term of the policy there has been no other insurance, valid or invalid, on the vehicle, and no person, firm, or corporation, other than the insured, has had any interest therein, and there is no lien, chattel mortgage, or conditional sales agreement thereon, except:

GOODS AND SERVICES TAX: The amount claimed should be net of recoverable GST.
Is the Insured registered for GST? YES NO
If the answer is YES, please state: a) Registration Number b) Percent Recoverable

The total amount of loss or damage so caused is \$

Deductible \$

The total amount claimed of the Insurer in respect of the loss or damage is: \$

The loss or damage did not occur through any willful act or neglect, procurement, or connivance of the Insured or this declarant, neither is there included in this claim any amount for anything which was not lost or damaged and owned by the Insured at the time of the occurrence.

Payment of this claim to
Is hereby authorized and in consideration of such payment the Insurer is discharged forever from all further claim by reason of the said loss or damage. All rights to recovery from any other person are hereby transferred to the Insurer which is authorized to bring action in the Insured's name to enforce such rights. All right, title and interest in the vehicle or any part or equipment thereof is hereby transferred to the Insurer only in the event that this claim is based upon the whole value of the vehicle because it has been lost, destroyed or damaged beyond economical repair and the Insured agrees immediately to notify the Insurer in the event of its recovery.

I,
do solemnly declare that the foregoing claim and statements are to the best of my knowledge and belief true in every particular, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED severally before me at

..... 20
Date

Commissioner for Oaths or Affidavits

.....
Insured
NOTE: If a company or partnership, indicate Declarant's position or title